

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-580-752

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
5		/				
6						
7		/				
8		/				
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52	/	①				
53						
54	/					
55						
56						
57	/					
58						
59						
60						
61						
62						
63						
64						
65						
66						
67	①					
68	/					
69	/					
70	/					
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	8					
TOTAL DEP.	88	←			←	←
TOTAL CLAIMS	96					